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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 10/21/05 FILE NUMBER: KCC 4757 (K-C 16,831)
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CERTIFICATION OF FACSIMILE TRANSMISSION

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Typed or printed name of person signing certification

Jessica DunnOctober 21, 2005

Date

Type of paper transmitted: Notice of Appeal from the Primary
Examiner to the Board of Patent Appeals
and InterferencesApplicant's Name: Christopher P. Olson et al.Serial No.: 10/038,863 Examiner: M. KidwellFiling Date: 12/31/01 Art Unit: 3761 Confirmation No.: 6380Application Title: WETNESS INDICATOR FOR ALERTING A WEARER TO
URINATIONIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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KCC 4757 (K-C 16,831)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Christopher P. Olson et al. Art Unit 3761
Serial No. 10/038,863
Filed December 31, 2001
Confirmation No. 6380
For WETNESS INDICATOR FOR ALERTING A WEARER TO URINATION
Examiner Michele M. Kidwell

October 21, 2005

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

TO THE COMMISSIONER FOR PATENTS,

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated August 25, 2005, rejecting the following claims: 1-18, 20, 22-28, 30, and 31.

* The appeal fee of \$500.00 is submitted herewith.

If there are any additional charges in this matter, please charge Deposit Account No. 19-1345.

Respectfully submitted,



Richard L. Bridge, Reg. No. 40,529
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RLB/ANC/jmd

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Via facsimile: 571-273-8300

Fee Transmittal

OCT 21 2005

Application Number 10/038.863 Art Unit 3761
 Filing Date December 31, 2001 Confirmation No. 6380
 Inventor(s) Christopher P. Olson et al.
 Examiner Name Michele M. Kidwell
 Attorney Docket Number KCC 4757 (K-C 16,831)

Applicant claims small entity status.

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES
 (Type: _____) Subtotal (1) \$ _____

2. EXCESS CLAIM FEES

Total Claims _____ - _____ (HP) = 0 x Fee _____ = \$0.00
 Indep Claims _____ - _____ (HP) = 0 x Fee _____ = \$0.00
 Multiple Dependent Claims Fee _____
 (HP = highest number of claims paid for)
 Subtotal (2) \$0.00

3. APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$250 = \$0.00
 (Application + Drawings)
 (round up to whole #)

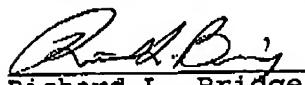
Subtotal (3) \$0.00

4. OTHER FEE(S)

month extension of time
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal
 Filing a brief in support of appeal
 Request for oral hearing
 Other: _____

Subtotal (4) \$500.00

TOTAL AMOUNT OF PAYMENT \$500.00


 Richard L. Bridge
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10/21/05
 Date
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